

ndividual Income Tax Return or for fiscal year ending ___/__

Ove	er 80	$\%$ of taxpayers file electronically. It is easy and you will ${f g}$	et your refund faster. Visit ta	ax.illinois.gov.			
Step 1: Per		al Information	elevel vehivos	Do not write above th	his line.		
	A	Social Security numbers in the order they appear on your federal return					
	В	Your Social Security number Personal information	Spouse's Social Security number				
	В	Personal information					
		Your first name and initial	Your last name				
		Spouse's first name and initial	Spouse's last name		-		
		Mailing address (See instructions if foreign address)	Apartment number				
		City	State	ZIP or Postal Code			
		Foreign Nation, if not United States (do not abbreviate)					
	С	Filing status (see instructions)	_	_			
		☐ Single or head of household ☐ Married filing jointly		-			
	D	Check if you or your spouse are a military veteran and want	-	ed with the Illinois			
Cton O.		Department of Veterans' Affairs.		(Whole dollars only)			
Step 2:	1	Federal adjusted gross income from your U.S. 1040, Line 37 U.S. 1040EZ, Line 4	'; U.S. 1040A, Line 21; or		.00		
Income	2	Federally tax-exempt interest and dividend income from you or U.S. 1040EZ	r U.S. 1040 or 1040A, Line 8b	o;	.00		
	3	Other additions. Attach Schedule M.			.00		
	4	Total income. Add Lines 1 through 3.		4	.00		
Step 3:	5	Social Security benefits and certain retirement plan income					
Base	_	received if included in Line 1. Attach Page 1 of federal returnment		00			
Income	6 7	Illinois Income Tax overpayment included in U.S. 1040, Line Other subtractions. Attach Schedule M.	10 6	.00			
	•	Check if Line 7 includes any amount from Schedule 1299		00			
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.		8	.00		
	9	Illinois base income. Subtract Line 8 from Line 4.		9	.00		
Step 4:	10		X \$2,150 a	.00			
Exemptions		 b If someone can claim you as a dependent, see instructions. c Check if 65 or older: ☐ You + ☐ Spouse = 					
			X \$1,000 d	.00			
		Exemption allowance. Add Lines a through d.		10	.00		
Step 5:	11	· · · · · · · · · · · · · · · · · · ·	Line 12.	11	.00		
Net	12	Nonresidents and part-year residents:	ant Dort voor regident o	nd			
Income		Check the box that applies to you during 2015 Nonresid enter the Illinois base income from Schedule NR. Attach Sche		.00			
Step 6:	12			00			
_ •	13	Residents: Multiply Line 11 by 3.75% (.0375). Cannot be le Nonresidents and part-year residents: Enter the tax from		13	.00		
Tax	14	Recapture of investment tax credits. Attach Schedule 4255.		14	.00		
	15	Income tax. Add Lines 13 and 14. Cannot be less than zero).	15	.00		
Step 7:	16	Income tax paid to another state while an Illinois resident.	40				
Tax After	17	Attach Schedule CR. Property toy and K 12 education expense gradit amount from	16	.00			
Non- refundable	17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	n 17	.00			
Credits	18			.00			
	19	Add Lines 16, 17, and 18. This is the total of your credits. Cal	nnot	40	0.5		
	20	exceed the tax amount on Line 15. Tax after nonrefundable credits. Subtract Line 19 from Lir	no 15	19 20	.00		
	~0	ias aitoi nomoramaabie oreana. Oubliati Line 13 HUIII Lii	io io.		.00		



	21	Tax after nonrefundable credits from Page 1, Line 20	21 _	.00					
Step 8:	22	Household employment tax. See instructions.	22	.00					
Other	23	Use tax on internet, mail order, or other out-of-state purchases from	_						
Taxes		UT Worksheet or UT Table in the instructions. Do not leave blank.	23	.00					
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	.00					
	25	Total Tax. Add Lines 21, 22, 23, and 24.		25	.00				
Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	.00					
Payments	27	Estimated payments from Forms IL-1040-ES and IL-505-I,							
and		including any overpayment applied from a prior year return	27 _	.00					
Refundable Credit	28	Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28 _	.00					
	29	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	29	.00					
	30	Total payments and refundable credit. Add Lines 26 through 29.		30	.00				
Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from	n I ind	e 30. 31	.00				
Result	32	Underpayment. If Line 25 is greater than Line 30, subtract Line 30 fr							
		<u> </u>			.00				
Step 11:	33	Late-payment penalty for underpayment of estimated tax	_	.00					
Underpayment		a Check if at least two-thirds of your federal gross income is from farr	ning.						
of Estimated Ta Penalty and	ах	b Check if you or your spouse are 65 or older and permanently		_					
Donations		living in a nursing home.							
		C Check if your income was not received evenly during the year and	_						
		you annualized your income on Form IL-2210. Attach Form IL-2210		Ц					
		d Check if you were not required to file an Illinois Individual Income Ta	ax						
	2/	return in the previous tax year.	34	.00					
		Voluntary charitable donations. Attach Schedule G.	34 _		00				
_	35	Total penalty and donations. Add Lines 33 and 34.		35	.00				
Step 12:	36	If you have an overpayment on Line 31 and this amount is greater that							
Refund or		Line 35, subtract Line 35 from Line 31. This is your remaining overpa	-						
Amount You	37								
Owe	38	,							
		direct deposit - Complete the information below if you check this	box.						
		Routing number CI	neckir	ng or Savings					
		Account number	Т						
			_						
		☐ Illinois Individual Income Tax refund debit card							
	00	paper check							
	39	Amount to be applied to estimated tax. Subtract Line 37 from Line 36	s. See	instructions. 39	.00				
	40	If you have an underpayment on Line 32, add Lines 32 and 35. Or If you have an overpayment on Line 31 and this amount is less than I	ino 3	25					
		subtract Line 31 from Line 35. This is the amount you owe . See insti		.00					
Step 13:	Ur	nder penalties of perjury, I state that I have examined this return, and, to							
_		omplete.		oot or,ougo,o	, , , , , , , , , , , , , , , , , , , ,				
Sign and Date									
	Your signature Date Daytime phone number		You	r spouse's signature	Date				
	Paid preparer's signature Date Preparer's phone number			parer's FEIN, SSN, or PTIN					
Third Party	☐ Check, and complete the designee's name and phone number below, to allow another person to discuss this retur								
Designee		and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.							
Form 1099-G	_	Designee's name (please print) Designee's perm 1099. G from our website, your form 1099. G from our website, your first perm 1099. G from our first perm 1099. G from our first perm 1099. G from our	-		r 1000 G form				
Information	_	If you are unable to obtain your Form 1099-G from our website, you mext year. We will mail you a 1099-G form if you meet the criteria requ			1 1099-0 101111				
lf no	יאפ	ment enclosed, mail to:		•					
	-	DEPARTMENT OF REVENUE ILLINOIS DEPARTM							

IL-1040 back (R-12/15)

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SPRINGFIELD IL 62726-0001

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